

PAYROLL DIRECT DEPOSIT FORM

FLAT AMOUNT

DIRECT DEPOSIT A PORTION OF YOUR PAY INTO A CHECKING OR SAVINGS ACCOUNT

ALL BANKS ARE ACCEPTED

I authorize the Town of Lunenburg to activate Direct Deposit of a portion of my pay into my account as follows:

NAME OF EMPLOYEE: _____

PHONE #: _____

EMAIL ADDRESS: _____

NAME OF BANK: _____

AMOUNT TO BE DEPOSITED: _____

FOR CHECKING ACCOUNTS: Please attach a void check here, or submit a Payroll Direct Deposit Authorization Form from your bank.

FOR SAVINGS ACCOUNTS: Contact your bank to request a Payroll Direct Deposit Authorization Form showing the bank's routing number and your savings account number.

Employee's Signature: _____ Date: _____